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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) <b>740756-2684</b>
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)]  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first-class mail in an envelope addressed to Mail Stop <u>ECF</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at <u>571-273-1700</u> on <u>12/4/06</u> .  Signature: <u>[Signature]</u> Name: <u>Pam Butcher</u>	In re Application of <b>Atsushi TOKUDA et al.</b>  Application Number <u>10/735,732</u> Filed <u>12/16/2003</u> <b>FOR LIGHT EMITTING DEVICE AND A METHOD OF MANUFACTURING THEREOF</b>  Group Art Unit <u>1774</u> Examiner <u>Dawn L. Garrett</u>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and appropriate entity fee are as follows (check time period desired):  <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)         </div> <div style="width: 25%; text-align: right;">           \$ <u>120.00</u>            \$ _____            \$ _____            \$ _____            \$ _____         </div> </div> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.  <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.54(a). Registration number if acting under 37 CFR 1.34(a) _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <u>[Signature]</u>            Signature  <u>Jeffrey L. Costellia - Reg. No. 35,483</u>            Typed or printed name         </div> <div style="width: 45%;"> <u>December 4, 2006</u>            Date  <u>202-585-8000</u>            Telephone Number         </div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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